

**United States Bankruptcy Court**  
**Eastern District of Michigan**

In re **Brian F Sparrow**,  
 Debtor

Case No. **14-32498-dof**

Chapter **7**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	<b>Yes</b>	<b>1</b>	<b>0.00</b>		
B - Personal Property	<b>Yes</b>	<b>3</b>	<b>1,200.00</b>		
C - Property Claimed as Exempt	<b>Yes</b>	<b>1</b>			
D - Creditors Holding Secured Claims	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	<b>Yes</b>	<b>1</b>		<b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims	<b>Yes</b>	<b>17</b>		<b>248,440.20</b>	
G - Executory Contracts and Unexpired Leases	<b>Yes</b>	<b>1</b>			
H - Codebtors	<b>Yes</b>	<b>1</b>			
I - Current Income of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>761.00</b>
J - Current Expenditures of Individual Debtor(s)	<b>Yes</b>	<b>2</b>			<b>760.00</b>
Total Number of Sheets of ALL Schedules		<b>30</b>			
Total Assets			<b>1,200.00</b>		
Total Liabilities				<b>248,440.20</b>	

**United States Bankruptcy Court**  
**Eastern District of Michigan**

In re **Brian F Sparrow**

Debtor

Case No. **14-32498-dof**Chapter **7**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>0.00</b>
Student Loan Obligations (from Schedule F)	<b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>0.00</b>
TOTAL	<b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>761.00</b>
Average Expenses (from Schedule J, Line 22)	<b>760.00</b>
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20 )	<b>899.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>0.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	<b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>0.00</b>
4. Total from Schedule F		<b>248,440.20</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>248,440.20</b>

In re **Brian F Sparrow**

Case No. **14-32498-dof**

Debtor

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
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None

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petitioner is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
1. Cash on hand		<b>Cash on Hand (est)</b>	-	<b>100.00</b>
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	<b>X</b>			
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video, and computer equipment.		<b>Household Goods and Furnishings</b>	-	<b>500.00</b>
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		<b>Clothing</b>	-	<b>600.00</b>
7. Furs and jewelry.	<b>X</b>			
8. Firearms and sports, photographic, and other hobby equipment.	<b>X</b>			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			

Sub-Total > **1,200.00**  
(Total of this page)

2 continuation sheets attached to the Schedule of Personal Property

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In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	<b>X</b>			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	<b>X</b>			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	<b>X</b>			
14. Interests in partnerships or joint ventures. Itemize.	<b>X</b>			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	<b>X</b>			
16. Accounts receivable.	<b>X</b>			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	<b>X</b>			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	<b>X</b>			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			

Sub-Total > **0.00**  
(Total of this page)

Sheet 1 of 2 continuation sheets attached  
to the Schedule of Personal Property

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	<b>X</b>			
26. Boats, motors, and accessories.	<b>X</b>			
27. Aircraft and accessories.	<b>X</b>			
28. Office equipment, furnishings, and supplies.	<b>X</b>			
29. Machinery, fixtures, equipment, and supplies used in business.	<b>X</b>			
30. Inventory.	<b>X</b>			
31. Animals.	<b>X</b>			
32. Crops - growing or harvested. Give particulars.	<b>X</b>			
33. Farming equipment and implements.	<b>X</b>			
34. Farm supplies, chemicals, and feed.	<b>X</b>			
35. Other personal property of any kind not already listed. Itemize.	<b>X</b>			

Sub-Total >	<b>0.00</b>
(Total of this page)	
Total >	<b>1,200.00</b>

Sheet **2** of **2** continuation sheets attached  
to the Schedule of Personal Property

(Report also on Summary of Schedules)

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In re **Brian F Sparrow**

Case No. **14-32498-dof**

Debtor

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)  
☒ 11 U.S.C. §522(b)(2)  
☐ 11 U.S.C. §522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds  
\$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter  
with respect to cases commenced on or after the date of adjustment.)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
<b>Cash on Hand</b>			
<b>Cash on Hand (est)</b>	<b>11 U.S.C. § 522(d)(5)</b>	<b>100.00</b>	<b>100.00</b>
<b>Household Goods and Furnishings</b>			
<b>Household Goods and Furnishings</b>	<b>11 U.S.C. § 522(d)(3)</b>	<b>500.00</b>	<b>500.00</b>
<b>Wearing Apparel</b>			
<b>Clothing</b>	<b>11 U.S.C. § 522(d)(3)</b>	<b>600.00</b>	<b>600.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D	W I F E	J O I N T	C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D, N A T U R E O F L I E N, A N D D E S C R I P T I O N A N D V A L U E O F P R O P E R T Y S U B J E C T T O L I E N	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	A M O U N T O F C L A I M W I T H O U T D E D U C T I N G V A L U E O F C O L L A T E R A L	U N S E C U R E D P O R T I O N, I F A N Y
Account No.											
						Value \$					
Account No.											
						Value \$					
Account No.											
						Value \$					
Account No.											
						Value \$					
Subtotal (Total of this page)											
Total (Report on Summary of Schedules)										<b>0.00</b>	<b>0.00</b>

0 continuation sheets attached



In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T O R	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xx6647</b>			<b>Opened 3/01/13 Collection Attorney St Joseph Mercy-Livingston How</b>				<b>6,185.00</b>
<b>AAMS/Automated Accounts Management Servi 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265</b>		-					
Account No. <b>xx5038</b>			<b>Opened 10/01/13 Collection Attorney St Joseph Mercy-Livingston How</b>				<b>5,228.00</b>
<b>AAMS/Automated Accounts Management Servi 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265</b>		-					
Account No. <b>xx1290</b>			<b>Opened 1/01/13 Collection Attorney St Joseph Mercy-Livingston How</b>				<b>2,289.00</b>
<b>AAMS/Automated Accounts Management Servi 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265</b>		-					
Account No. <b>xx4830</b>			<b>Opened 11/01/13 Collection Attorney St Joseph Mercy-Livingston How</b>				<b>1,950.00</b>
<b>AAMS/Automated Accounts Management Servi 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265</b>		-					
Subtotal (Total of this page)							<b>15,652.00</b>

16 continuation sheets attached

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx1289</b>		Opened 1/01/13 Collection Attorney St Joseph Mercy-Livingston How				1,576.00
<b>AAMS/Automated Accounts Management Servi 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265</b>	-					
Account No. <b>xx6648</b>		Opened 3/01/13 Collection Attorney St Joseph Mercy-Livingston How				1,440.00
<b>AAMS/Automated Accounts Management Servi 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265</b>	-					
Account No. <b>xx6649</b>		Opened 3/01/13 Collection Attorney St Joseph Mercy-Livingston How				935.00
<b>AAMS/Automated Accounts Management Servi 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265</b>	-					
Account No. <b>xx1015</b>		Opened 6/01/14 Collection Attorney St Joseph Mercy-Livingston How				266.00
<b>AAMS/Automated Accounts Management Servi 4800 Mills Civic Parkway Suite 202 West Des Moines, IA 50265</b>	-					
Account No. <b>xx-4505</b>		2013 medical bills				20,135.00
<b>Adams LLC 4800 Mills Civic Parkway St West Des Moines, IA 50265</b>	-					
Sheet no. <u>1</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						<b>24,352.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx-4505</b>  <b>All State Credit Bureau</b> <b>19315 W. 10Mile Rd.</b> <b>Southfield, MI 48075</b>	-	<b>2009</b> <b>medical bills</b>				<b>110.00</b>
Account No. <b>xx-4505</b>  <b>Amcol Systems</b> <b>111 Lancewood Rd.</b> <b>Columbia, SC 29210</b>	-	<b>2009</b> <b>medical bills</b>				<b>8,567.00</b>
Account No. <b>xx0547</b>  <b>American Honda Finance</b> <b>1220 Old Alpharetta Rd S</b> <b>Alpharetta, GA 30005</b>	-	<b>Opened 7/01/05 Last Active 5/18/11</b> <b>Automobile</b>				<b>0.00</b>
Account No. <b>xx5126</b>  <b>Asset Acceptance</b> <b>Attn: Bankruptcy Dept</b> <b>Po Box 2036</b> <b>Warren, MI 48090</b>	-	<b>Opened 6/01/12</b> <b>Factoring Company Account Fifth Third Bank</b>				<b>1,884.00</b>
Account No. <b>xx-4505</b>  <b>Asset Acceptance</b> <b>P.O. Box 1630</b> <b>Warren, MI 48090</b>	-	<b>2012</b> <b>Bank Account</b>				<b>1,884.00</b>
Sheet no. <b>2</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page) <b>12,445.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xx-4505</b>		-	<b>2009 Medical Bills</b>				<b>472.00</b>
<b>Associates In Neurology 27555 Middlebelt Rd Farmington, MI 48334</b>							
Account No. <b>xx-4505</b>		-	<b>2010 Miscellaneous</b>				<b>3,105.00</b>
<b>Blatt, Hasenmiller, Leibsker, and Moore 30200 Telegraph Rd. #110 Bingham Farms, MI 48025</b>							
Account No. <b>xx2394</b>		-	<b>Opened 4/01/02 Last Active 6/18/04 Credit Card</b>				<b>0.00</b>
<b>Capital One Attn: General Correspondence Po Box 30285 Salt Lake City, UT 84130</b>							
Account No. <b>xx-4505</b>		-	<b>2010 medical bills</b>				<b>168.00</b>
<b>CBCS P.O. Box 163333 Columbus, OH 43216-3250</b>							
Account No. <b>xx-4505</b>		-	<b>2009 recovery fees</b>				<b>391.85</b>
<b>Charter Township of Lyon 58000 Grand River Avenue New Hudson, MI 48165</b>							
Sheet no. <u>3</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>4,136.85</b>
Subtotal (Total of this page)							<b>4,136.85</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xx9677</b>	-		<b>Opened 2/01/04 Last Active 10/04/04 Automobile</b>				<b>0.00</b>
<b>Chrysler Financial/TD Auto Finance Attn: Bankruptcy Dept Po Box 551080 Jacksonville, FL 32255</b>							
Account No. <b>xx0086</b>	-		<b>Opened 9/01/04 Last Active 10/11/07 Lease</b>				<b>0.00</b>
<b>Chrysler Financial/TD Auto Finance Attn: Bankruptcy Dept Po Box 551080 Jacksonville, FL 32255</b>							
Account No. <b>xx-4505</b>	-		<b>2009 Miscellaneous</b>				<b>1,813.00</b>
<b>Client Services 3451 Harry Truman Blvd Saint Charles, MO 63301-4047</b>							
Account No. <b>xx-4505</b>	-		<b>2009 medical bills</b>				<b>9,863.00</b>
<b>Computer Credit Inc PO Box 5238 Winston Salem, NC 27113</b>							
Account No. <b>xx9892</b>	-		<b>Opened 4/01/10 Collection Attorney Batah Fouad Md P.L.L.C.</b>				<b>190.00</b>
<b>Congress Collection Corp 24901 Northwestern Hwy Ste 300 Southfield, MI 48075</b>							
Sheet no. <u>4</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims				Subtotal (Total of this page)			<b>11,866.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xx-4505</b>  <b>Congress Collection Corp</b> <b>24901 Northwestern Highway, Suite</b> <b>300</b> <b>Southfield, MI 48075</b>		-	<b>2009</b> <b>medical bills</b>				<b>190.00</b>
Account No. <b>xx1700</b>  <b>Credit Union One</b> <b>Attn:Administrative Svcs/Bankruptcy</b> <b>400 E 9 Mile Rd</b> <b>Ferndale, MI 48220</b>		-	<b>Opened 7/01/08 Last Active 7/12/12</b> <b>Automobile</b>				<b>6,351.00</b>
Account No. <b>xx-4505</b>  <b>Credit Union One</b> <b>400 E. Nine Mile</b> <b>Ferndale, MI 48220</b>		-	<b>2008</b> <b>auto loan</b>				<b>6,351.00</b>
Account No.  <b>53rd District Court</b> <b>#</b> <b>204 S. Highlander Way, Ste. 1</b> <b>Howell, MI 48843</b>			<b>Representing:</b> <b>Credit Union One</b>				<b>Notice Only</b>
Account No. <b>13-5355-GC</b>  <b>Glassen, Rhead, McLean, Campnbell</b> <b>533 South Grand Avenue</b> <b>Lansing, MI 48933</b>			<b>Representing:</b> <b>Credit Union One</b>				<b>Notice Only</b>
Sheet no. <b>5</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page) <b>12,892.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx-4505</b>  <b>Doctors Hospital</b> <b>PO Box 48458</b> <b>Oak Park, MI 48237</b>	-	<b>2010</b> <b>medical bills</b>				<b>467.00</b>
Account No. <b>xx-4505</b>  <b>Dr L Reynolds Assoc</b> <b>24500 Northwestern Highway</b> <b>Southfield, MI 48075</b>	-	<b>2011</b> <b>medical bills</b>				<b>212.00</b>
Account No. <b>xx-4505</b>  <b>Eagle Recovery Associates</b> <b>424 SW Washington St. 3rd Floor</b> <b>Peoria, IL 61602</b>	-	<b>2011</b> <b>medical bills</b>				<b>6,164.00</b>
Account No. <b>xx-4505</b>  <b>Echo Management</b> <b>PO Box 160</b> <b>Warren, MI 48090</b>	-	<b>2009</b> <b>medical</b>				<b>275.00</b>
Account No. <b>xx3769</b>  <b>Echo Management Servic</b> <b>Po Box 160</b> <b>Warren, MI 48090</b>	-	<b>Opened 2/01/14</b> <b>Collection Attorney Dr Ramesh Reheja Md</b>				<b>275.00</b>
Sheet no. <b>6</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>7,393.00</b>



In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xx1477</b>		-	<b>Opened 5/01/06 Last Active 5/26/10 Credit Card</b>				<b>Unknown</b>
<b>Elan Financial Service Po Box 108 St Louis, MO 63166</b>							
Account No. <b>xx9275</b>		-	<b>Opened 7/01/08 Last Active 2/02/09 Credit Card</b>				<b>1,813.00</b>
<b>Fifth Third Bank Fifth Third Bank Bankruptcy Department, 1830 East Paris Ave. Se Grand Rapids, MI 49546</b>							
Account No. <b>xx-4505</b>		-	<b>2008 Miscellaneous Purchases</b>				<b>1,813.00</b>
<b>Fifth Third Bank 5050 Kingsley Dr Cincinnati, OH 45227</b>							
Account No. <b>xx-4505</b>		-	<b>2013 Medical Bills</b>				<b>798.00</b>
<b>First Credit Card Services 3250 W Market Akron, OH 44333</b>							
Account No. <b>xx-4505</b>		-	<b>2012 medical bills</b>				<b>21,457.00</b>
<b>First Financial Asset PO Box 56245 Atlanta, GA 30343</b>							
Sheet no. <u>7</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>25,881.00</b>
Subtotal (Total of this page)							<b>25,881.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xx1529</b>	-		<b>Med1 02 Trinity Health St Joseph Mer</b>				<b>266.00</b>
<b>Firstcredit</b> <b>Attn: Bankruptcy Department</b> <b>Po Box 630838</b> <b>Cincinnati, OH 45263</b>							
Account No. <b>xx3151</b>	-		<b>Med1 02 Trinity Health St Joseph Mer</b>				<b>266.00</b>
<b>Firstcredit</b> <b>Attn: Bankruptcy Department</b> <b>Po Box 630838</b> <b>Cincinnati, OH 45263</b>							
Account No. <b>xx-4505</b>	-		<b>2012</b> <b>Miscellaneous Purchases</b>				<b>1,825.00</b>
<b>Futon Friedman &amp; Gullace</b> <b>PO Box 2123</b> <b>Warren, MI 48090</b>							
Account No. <b>xx-4505</b>	-		<b>2011</b> <b>Medical Bills</b>				<b>585.00</b>
<b>Hawkeye Adjustment</b> <b>2300 Pierce Street, P.O. Box 701</b> <b>Sioux City, IA 51104</b>							
Account No. <b>xx-4505</b>	-		<b>2012</b> <b>Medical Bills</b>				<b>220.00</b>
<b>Henry Ford Health System</b> <b>P.O. Box 550115</b> <b>Detroit, MI 48255</b>							
Sheet no. <u>8</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>3,162.00</b>
Subtotal (Total of this page)							<b>3,162.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx-4505</b>  <b>Huron Valley Radiology</b> <b>PO Box 77000, Dept. 77034</b> <b>Detroit, MI 48277-0034</b>	-	<b>2011</b> <b>Medical bills</b>				<b>774.00</b>
Account No. <b>xx-4505</b>  <b>Independant ER Phys</b> <b>PO Box 67000</b> <b>Dept. 236301</b> <b>Detroit, MI 48267-2363</b>	-	<b>2009</b> <b>medical bills</b>				<b>6,584.00</b>
Account No. <b>xx-4505</b>  <b>Khalid &amp; Associates</b> <b>PO Box 641292</b> <b>Detroit, MI 48264</b>	-	<b>2010</b> <b>Medical Bills</b>				<b>100.00</b>
Account No. <b>xx1856</b>  <b>L J Ross And Associate</b> <b>Po Box 6099</b> <b>Jackson, MI 49204</b>	-	<b>Opened 2/01/11</b> <b>Collection Attorney Univ Of Michigan</b> <b>Physicians</b>				<b>686.00</b>
Account No. <b>xx1857</b>  <b>L J Ross And Associate</b> <b>Po Box 6099</b> <b>Jackson, MI 49204</b>	-	<b>Opened 2/01/11</b> <b>Collection Attorney Univ Of Michigan</b> <b>Physicians</b>				<b>473.00</b>
Sheet no. <b>9</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>8,617.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

# **SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS** (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.					
Account No. <b>xx1855</b>		-	<b>Opened 2/01/11 Collection Attorney Univ Of Michigan Physicians</b>				<b>369.00</b>	
<b>L J Ross And Associate Po Box 6099 Jackson, MI 49204</b>								
Account No. <b>xx6196</b>		-	<b>Opened 5/01/10 Collection Attorney Univ Of Michigan Physicians</b>				<b>230.00</b>	
<b>L J Ross And Associate Po Box 6099 Jackson, MI 49204</b>								
Account No. <b>xx-4505</b>		-	<b>2009 medical bills</b>				<b>230.00</b>	
<b>Law Offices George Gusses Co 33 S. Huron St. Toledo, OH 43604</b>								
Account No. <b>xx-4505</b>		-	<b>2011 Medical Bills</b>				<b>2,978.00</b>	
<b>LJ Ross 4 Universal Way Jackson, MI 49202</b>								
Account No. <b>xx-4505</b>		-	<b>2011 Medical Bills</b>				<b>996.00</b>	
<b>M2 Revenue Group 991 Oak Creek Dr. Lombard, IL 60148</b>								
Sheet no. <u>10</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	<b>4,803.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xx-4505</b>  <b>Merchants &amp; Medial</b> <b>6324 Taylor Dr.</b> <b>Flint, MI 48507-4685</b>		-	<b>2012</b> <b>Medical Bills</b>				<b>994.00</b>
Account No. <b>xx8429</b>  <b>Merchants &amp; Medical</b> <b>6324 Taylor Rd</b> <b>Flint, MI 48507</b>		-	<b>Opened 6/01/12</b> <b>Collection Attorney Huron Valley Ambulance</b> <b>Inc</b>				<b>994.00</b>
Account No. <b>xx-4505</b>  <b>Merchants and Medical</b> <b>6424 Taylor Dr</b> <b>Flint, MI 48507</b>		-	<b>2009</b> <b>Auto Medical</b>				<b>8,319.00</b>
Account No. <b>xx-4505</b>  <b>Messerli &amp; Kramer</b> <b>3033 Campus Dr, Ste 250</b> <b>Plymouth, MN 55441</b>		-	<b>2009</b> <b>Medical Bills</b>				<b>2,256.00</b>
Account No. <b>xx-4505</b>  <b>Michigan Collection Lawyers</b> <b>PO Box 380765</b> <b>Clinton Township, MI 48038</b>		-	<b>2011</b> <b>medical bills</b>				<b>673.00</b>
Sheet no. <b>11</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page) <b>13,236.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
Account No. <b>xx-4505</b>		-	<b>2011 medical bills</b>				<b>21,625.09</b>
<b>Michigan Health Care Collection Dept 5415 Carol Stream, IL 60122</b>							
Account No. <b>xx-4505</b>		-	<b>2009 Physician care</b>				<b>30.00</b>
<b>Michigan Heart, PC 5333 McAuley Dr. Ypsilanti, MI 48197</b>							
Account No. <b>xx8091</b>		-	<b>Opened 7/01/12 Collection Attorney Department Of Pathology</b>				<b>388.00</b>
<b>Mid Michigan Collectio 117 East Walker Saint Johns, MI 48879</b>							
Account No. <b>xx-4505</b>		-	<b>2011 Medical Bills</b>				<b>388.00</b>
<b>MID Michigan Collection Bureau 117 E. Walker P.O. Box 130 Saint Johns, MI 48879-0130</b>							
Account No. <b>xx5238</b>		-	<b>Opened 4/01/10 Collection Attorney Independent Emergency Physicia</b>				<b>833.00</b>
<b>Money Recovery Nationwide Po Box 13129 Lansing, MI 48901</b>							
Subtotal (Total of this page)							<b>23,264.09</b>

Sheet no. 12 of 16 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx2892</b>  <b>Money Recovery Nationwide</b> <b>Po Box 13129</b> <b>Lansing, MI 48901</b>	-	<b>Opened 6/01/12</b> <b>Collection Attorney Independent Emergency</b> <b>Physicia</b>				<b>735.00</b>
Account No. <b>xx0004</b>  <b>Money Recovery Nationwide</b> <b>Po Box 13129</b> <b>Lansing, MI 48901</b>	-	<b>Opened 8/01/10</b> <b>Collection Attorney Epmg Of Mich Pcst Joe4</b>				<b>524.00</b>
Account No. <b>xx0003</b>  <b>Money Recovery Nationwide</b> <b>Po Box 13129</b> <b>Lansing, MI 48901</b>	-	<b>Opened 7/01/10</b> <b>Collection Attorney Epmg Of Michsaline17</b>				<b>286.00</b>
Account No. <b>xx0005</b>  <b>Money Recovery Nationwide</b> <b>Po Box 13129</b> <b>Lansing, MI 48901</b>	-	<b>Opened 3/01/12</b> <b>Collection Attorney Southfield Rad Assoc Pllc</b>				<b>36.00</b>
Account No. <b>xx0001</b>  <b>Money Recovery Nationwide</b> <b>Po Box 13129</b> <b>Lansing, MI 48901</b>	-	<b>Opened 8/01/08 Last Active 12/09/08</b> <b>Collection Attorney Epmg Of Mich Pcst Joe4</b>				<b>205.00</b>
Sheet no. <b>13</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>1,786.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx-4505</b>  <b>Money Recovery Nationwide</b> <b>8155 Executive Court Suite 10</b> <b>Lansing, MI 48917</b>	-	<b>2012</b> <b>medical bills</b>				<b>1,568.00</b>
Account No. <b>xx-4505</b>  <b>Nationwide Credit</b> <b>2015 Vaugh Rd NW</b> <b>Ste.400</b> <b>Kennesaw, GA 30144</b>	-	<b>bank account</b>				<b>181.26</b>
Account No. <b>xx2710</b>  <b>Nco Fin/55</b> <b>Po Box 13570</b> <b>Philadelphia, PA 19101</b>	-	<b>Opened 2/01/12</b> <b>Collection Attorney Doctor S Hospital Of</b> <b>Michigan</b>				<b>467.00</b>
Account No. <b>xx4994</b>  <b>Nco Fin/55</b> <b>Po Box 13570</b> <b>Philadelphia, PA 19101</b>	-	<b>Opened 1/01/12</b> <b>Collection Attorney Med Ctr Emerg Srvs-Huron</b> <b>Valle</b>				<b>132.00</b>
Account No. <b>xx-4505</b>  <b>NCO Financial System</b> <b>30600 Telegraph Rd</b> <b>Suite 4235</b> <b>Franklin, MI 48025</b>	-	<b>2010</b> <b>Medical Bills</b>				<b>729.00</b>
Sheet no. <b>14</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page) <b>3,077.26</b>



In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM	
Account No. <b>xx5046</b>		-	<b>Opened 8/01/10</b> <b>Collection Attorney Oakland County Jail</b>				<b>240.00</b>	
<b>Rdk Collection Service</b> <b>318 John R Rd # 321</b> <b>Troy, MI 48083</b>								
Account No. <b>xx-4505</b>		-	<b>2010</b> <b>County Jail</b>				<b>240.00</b>	
<b>RDK Collection Services</b> <b>318 John R Rd #321</b> <b>Troy, MI 48083</b>								
Account No. <b>xx-4505</b>		-	<b>2009</b> <b>Medical Bills</b>				<b>1,327.00</b>	
<b>Russel Collection</b> <b>G3285 Van Slyke Rd.</b> <b>Flint, MI 48507</b>								
Account No. <b>xx-4505</b>		-	<b>2008</b> <b>Medical bills</b>				<b>1,386.00</b>	
<b>St Joseph Mercy Hospital</b> <b>P.O. Box 371906</b> <b>Pittsburgh, PA 15250</b>								
Account No. <b>xx3881</b>		-	<b>Opened 3/01/02 Last Active 11/25/03</b> <b>Charge Account</b>				<b>150.00</b>	
<b>Syncb/discount Tire</b> <b>Po Box 981439</b> <b>El Paso, TX 79998</b>								
Sheet no. <u>15</u> of <u>16</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							<b>Subtotal</b> (Total of this page)	<b>3,343.00</b>

In re **Brian F Sparrow**Case No. **14-32498-dof**

Debtor

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R R	Husband, Wife, Joint, or Community	C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. <b>xx-4505</b>  <b>United Collection Bureau</b> <b>P.O. Box 140190</b> <b>Toledo, OH 43614</b>	-	<b>2011</b> <b>medical bills</b>				<b>4,583.00</b>
Account No. <b>xx2794</b>  <b>Universal Credit Servi</b> <b>Po Box 158</b> <b>Hartland, MI 48353</b>	-	<b>Opened 4/01/12</b> <b>Collection Attorney Personal Health Care</b>				<b>1,035.00</b>
Account No. <b>xx-4505</b>  <b>Universal Credit Service</b> <b>3582 Avon St.</b> <b>Hartland, MI 48353</b>	-	<b>2012</b> <b>medical bills</b>				<b>2,125.00</b>
Account No. <b>xx-4505</b>  <b>University of Michigan Health System</b> <b>Dept14211</b> <b>Palatine, IL 60055</b>	-	<b>2011</b> <b>Medical Bills</b>				<b>64,791.00</b>
Account No.						
Sheet no. <b>16</b> of <b>16</b> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal</b> (Total of this page)  <b>72,534.00</b>
(Report on Summary of Schedules)						<b>Total</b> <b>248,440.20</b>

In re **Brian F Sparrow**

Case No. **14-32498-dof**

Debtor

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract	Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.
--	--

In re **Brian F Sparrow**

Case No. **14-32498-dof**

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
------------------------------	------------------------------

Fill in this information to identify your case:

Debtor 1 Brian F Sparrow

Debtor 2  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number 14-32498-dof  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form B 61

### Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Occupation

Employer's name

Employer's address

Debtor 1

- ☒ Employed  
☐ Not employed

Cook

R J V Enterprises

8999 Hamburg Rd.  
Brighton, MI 48116

Debtor 2 or non-filing spouse

- ☐ Employed  
☐ Not employed

How long employed there? 1 year

#### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ <u>950.00</u>	\$ <u>N/A</u>
3. Estimate and list monthly overtime pay.	3. +\$ <u>0.00</u>	+\$ <u>N/A</u>
4. Calculate gross income. Add line 2 + line 3.	4. \$ <u>950.00</u>	\$ <u>N/A</u>

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ <b>950.00</b>	\$ <b>N/A</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. \$ <b>189.00</b>	\$ <b>N/A</b>
5b. Mandatory contributions for retirement plans	5b. \$ <b>0.00</b>	\$ <b>N/A</b>
5c. Voluntary contributions for retirement plans	5c. \$ <b>0.00</b>	\$ <b>N/A</b>
5d. Required repayments of retirement fund loans	5d. \$ <b>0.00</b>	\$ <b>N/A</b>
5e. Insurance	5e. \$ <b>0.00</b>	\$ <b>N/A</b>
5f. Domestic support obligations	5f. \$ <b>0.00</b>	\$ <b>N/A</b>
5g. Union dues	5g. \$ <b>0.00</b>	\$ <b>N/A</b>
5h. Other deductions. Specify: _____	5h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>6. Add the payroll deductions.</b> Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <b>189.00</b>	\$ <b>N/A</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>761.00</b>	\$ <b>N/A</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>0.00</b>	\$ <b>N/A</b>
8b. Interest and dividends	8b. \$ <b>0.00</b>	\$ <b>N/A</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>N/A</b>
8d. Unemployment compensation	8d. \$ <b>0.00</b>	\$ <b>N/A</b>
8e. Social Security	8e. \$ <b>0.00</b>	\$ <b>N/A</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <b>0.00</b>	\$ <b>N/A</b>
8g. Pension or retirement income	8g. \$ <b>0.00</b>	\$ <b>N/A</b>
8h. Other monthly income. Specify: _____	8h.+ \$ <b>0.00</b>	+ \$ <b>N/A</b>
<b>9. Add all other income.</b> Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <b>0.00</b>	\$ <b>N/A</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <b>761.00</b> + \$ <b>N/A</b> = \$ <b>761.00</b>	
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. +\$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related Data, if it applies	12. \$ <b>761.00</b>	<b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>		
<input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____		

Fill in this information to identify your case:

Debtor 1 Brian F Sparrow

Debtor 2 \_\_\_\_\_  
(Spouse, if filing)

United States Bankruptcy Court for the: EASTERN DISTRICT OF MICHIGAN

Case number 14-32498-dof  
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

## Official Form B 6J

### Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.

☐ Yes. Does Debtor 2 live in a separate household?

☐ No

☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents? ☒ No

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

☐ No

☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No  
☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 0.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 0.00

4d. Homeowner's association or condominium dues

4d. \$ 0.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>0.00</u>
6b. Water, sewer, garbage collection	6b. \$ <u>0.00</u>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>0.00</u>
6d. Other. Specify: _____	6d. \$ <u>0.00</u>
7. <b>Food and housekeeping supplies</b>	7. \$ <u>225.00</u>
8. <b>Childcare and children's education costs</b>	8. \$ <u>0.00</u>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <u>55.00</u>
10. <b>Personal care products and services</b>	10. \$ <u>65.00</u>
11. <b>Medical and dental expenses</b>	11. \$ <u>54.00</u>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>100.00</u>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <u>0.00</u>
14. <b>Charitable contributions and religious donations</b>	14. \$ <u>0.00</u>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <u>0.00</u>
15b. Health insurance	15b. \$ <u>0.00</u>
15c. Vehicle insurance	15c. \$ <u>81.00</u>
15d. Other insurance. Specify: _____	15d. \$ <u>0.00</u>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <u>0.00</u>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>0.00</u>
17b. Car payments for Vehicle 2	17b. \$ <u>0.00</u>
17c. Other. Specify: _____	17c. \$ <u>0.00</u>
17d. Other. Specify: _____	17d. \$ <u>0.00</u>
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).</b>	18. \$ <u>0.00</u>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <u>0.00</u>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <u>0.00</u>
20b. Real estate taxes	20b. \$ <u>0.00</u>
20c. Property, homeowner's, or renter's insurance	20c. \$ <u>0.00</u>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <u>0.00</u>
20e. Homeowner's association or condominium dues	20e. \$ <u>0.00</u>
21. <b>Other:</b> Specify: <u>Cigarettes</u>	21. +\$ <u>180.00</u>
22. <b>Your monthly expenses.</b> Add lines 4 through 21. The result is your monthly expenses.	22. \$ <u>760.00</u>
23. <b>Calculate your monthly net income.</b>	
23a. Copy line 12 ( <i>your combined monthly income</i> ) from Schedule I.	23a. \$ <u>761.00</u>
23b. Copy your monthly expenses from line 22 above.	23b. -\$ <u>760.00</u>
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ <u>1.00</u>
24. <b>Do you expect an increase or decrease in your expenses within the year after you file this form?</b> For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?	
<input checked="" type="checkbox"/> No.	
<input type="checkbox"/> Yes. Explain:	

**Debtor lives with relatives. He suffers from crohns disease and most of his debts are tied to past treatments**



**United States Bankruptcy Court  
Eastern District of Michigan**

In re Brian F Sparrow

Debtor(s)

Case No. 14-32498-dofChapter 7

**DECLARATION CONCERNING DEBTOR'S SCHEDULES**

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 32 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date September 15, 2014Signature: /s/ Brian F Sparrow

Debtor

Date \_\_\_\_\_

Signature: \_\_\_\_\_

(Joint Debtor, if any)

[If joint case, both spouses must sign.]

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address \_\_\_\_\_

X \_\_\_\_\_

Signature of Bankruptcy Petition Preparer

Date \_\_\_\_\_

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP**

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as a debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets [total shown on summary page plus 1], and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

[Print or type name of individual signing on behalf of debtor]

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

# United States Bankruptcy Court Eastern District of Michigan

In re **Brian F Sparrow**

Debtor(s)

Case No. **14-32498-dof**Chapter **7**

## STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

### DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

### 1. Income from employment or operation of business

None

☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

**\$6,241.00****\$10,725.00****\$402.00**

SOURCE

**2014 YTD: Debtor Employment Income (est)****2013: Debtor Employment Income****2012: Debtor Employment Income**

### 2. Income other than from employment or operation of business

None

☒

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**3. Payments to creditors**

None ☒ **Complete a. or b., as appropriate, and c.**

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Credit Union One v Brian Sparrow Case No. 13-5355-GC	Civil Suit	53-B Judicial Court 224 N. First Street Brighton, MI 48116	Subpoena

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**5. Repossessions, foreclosures and returns**

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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**6. Assignments and receiverships**

- None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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**7. Gifts**

- None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
<b>Frego &amp; Associates - The Bankruptcy Law 23843 Joy Road Dearborn Heights, MI 48127</b>	<b>09/04/2014</b>	<b>\$100.00 Retainer.</b>

**10. Other transfers**

- None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
None <input type="checkbox"/> b. List all property transferred by the debtor within <b>ten years</b> immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.		

  

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

**11. Closed financial accounts**

- None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING

**12. Safe deposit boxes**

- None ☐ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY

**13. Setoffs**

- None ☐ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF

**14. Property held for another person**

- None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY

**15. Prior address of debtor**

None

☐

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

**ADDRESS**

**9161 Lenning Lane  
Brighton MI, 48116**

**NAME USED**

**Brian F Sparrow**

**DATES OF OCCUPANCY**

**06/09-11/11**

**16. Spouses and Former Spouses**

None

☒

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

☒

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS

NAME AND ADDRESS OF  
GOVERNMENTAL UNIT

DATE OF  
NOTICE

ENVIRONMENTAL  
LAW

None

☒

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

NAME AND ADDRESS OF  
GOVERNMENTAL UNIT

DATE OF  
NOTICE

ENVIRONMENTAL  
LAW

None

☒

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF  
GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

**18. Nature, location and name of business**

None

- ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
NAME				

None

- ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

**19. Books, records and financial statements**

None

- ☐ a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
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None

- ☐ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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None

- ☐ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
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None

- ☐ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS	DATE ISSUED
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**20. Inventories**

- None ☐ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY	INVENTORY SUPERVISOR	DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)
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- None ☐ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY	NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS
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**21. Current Partners, Officers, Directors and Shareholders**

- None ☐ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS	NATURE OF INTEREST	PERCENTAGE OF INTEREST
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- None ☐ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS	TITLE	NATURE AND PERCENTAGE OF STOCK OWNERSHIP
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**22. Former partners, officers, directors and shareholders**

- None ☐ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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- None ☐ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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**23. Withdrawals from a partnership or distributions by a corporation**

- None ☐ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
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**24. Tax Consolidation Group.**

- None ☐ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None ☐ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

\* \* \* \* \*

**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date September 15, 2014

Signature /s/ Brian F Sparrow  
Brian F Sparrow  
 Debtor

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address

X

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.*